PTO/SB/21 (01-03)
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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

required to respond to a collection of information unless it displays a valid OMB control number **Application Number** 09 / 267,223

TRANSMITTAL Filing Date 11-Mar-1999 **FORM** First Named Inventor Bradley S. Richter Art Unit 2624 (to be used for all correspondence after initial filing)

Examiner Name

Gabriel I. Garcia Attorney Docket Number 6 EFIM0205 Total Number of Pages in This Submission

ENCLOSURES (Check all that apply)								
V	Fee Transmitta	al Form		Drawing(s)]		After Allowato Group	ance Communication
	Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Document(s) Response to Missing Parts/ Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53		Licensing-related Papers Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Address Terminal Disclaimer Request for Refund CD, Number of CD(s) Appeal Communication to Board of Appeals and Interferences Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please Identify below): 1. RCE Request 2. Petition for Extension of Time (2 copies) 3. Fee Transmittal (2 copies) 4. Return Postcard			and Interferences nmunication to Group ice, Brief, Reply Brief) Information er osure(s) (please ow): n of Time (2 copies)		
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT								
Firm or James Trosino Individual								
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Date 14/May-2003								
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PTO/SB/17 (01-03)
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FEE TRANSMITTAL for FY 2003

Effective 01/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

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Complete if Known						
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Filing Date	11-Mar-1999	RECEIVE)			
First Named Inventor	Bradley S. Richter	TILOLIVE	,			
Examiner Name	Gabriel I. Garcia	MAY 2 0 200B	J			
Art Unit	2624					
Attorney Docket No.	EFIM0205	Technology Center 2	.600			

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2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	\dashv				
Fee from					
Total Claims					
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Multiple Dependent 1807 50 1807 50 Processing fee under 37 CFR 1.17(g)	\dashv				
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1201 84 2201 42 Independent claims in excess of 3 (37 ČFR 1.129(a))					
1203 280 2203 140 Multiple dependent claim, if not paid 1810 750 2810 375 For each additional invention to be examined (37 CFR 1.129(b))					
1204 84 2204 42 ** Reissue independent claims over original patent 1801 750 2801 375 Request for Continued Examination (RCE) 750.0	00				
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Other fee (specify)					
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SUBMITTED BY

Name (Print/Type)

Signature

(Complete (if applicable)

Registration No. (Attorney/Agent)

Registration No. (Attorney/Agent)

39,862

Telephone (650) 357-3997

Date 14-May-2003

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